

PERMISSION TO RELEASE DOMESTIC ABUSE INFORMATION WHEN MOVING TO ANOTHER COUNTY

PARTICIPANT'S NAME	CALWORKS CASE NUMBER	CALIFORNIA IDENTIFICATION NUMBER (CIN)
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If you move, you may want the new county to know about your domestic abuse waiver or services. This will help the new county get you the services and welfare-to-work plan you need. This form tells us whether you want to do this.

I understand that:

- I do not have to give others information about my domestic abuse situation, but I can volunteer this information whenever I want.
- If I do not sign the release and if I move, _____ county will not forward any domestic abuse information, including my waiver, to the new county. I would then need to tell the new county about my domestic abuse if I want to get services or a waiver.
- Everyone in the new county must keep all the information confidential. This means it cannot be given to third parties.

MY CHOICE

____ I agree _____ County Welfare Department can give the following domestic abuse information if I move to another county:

- ____ A copy of any domestic abuse waiver
 ____ Information about my domestic abuse services
 ____ Other: _____

____ I **do not** want the following information released:

- ____ Address
 ____ Telephone number
 ____ Employment information
 ____ My children's school information
 ____ Other: _____

____ I **do not** want **any** information released.

Please initial below:

- ____ I have read this form (*or had it read to me*) after it was completed and before I signed it.
 ____ I can cancel this form at any time.
 ____ My release ends one year from the date I sign this form, or when my domestic abuse waiver ends, if I do not cancel the form earlier.

Please check one:

- ____ Yes, I do want a copy of this form at this time.
 ____ No, I do not want a copy of this form at this time. I can get a copy any time I ask.

PARTICIPANT'S SIGNATURE	TODAY'S DATE
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REFUSAL/CANCELLATION OF RELEASE:

I do not want _____ County to give information about my domestic abuse to a new county if I move.

PARTICIPANT'S SIGNATURE	TODAY'S DATE
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